

Water Well and/or Wastewater System Permitting Process

(New Systems)

Harper County Environmental Services

Harper County Appraiser Office: (620) 842-3718; Email: lreeddy@harpercountyks.gov

Harper County Health Department: (620) 842-5132; Toll Free: 1-877-537-2110

Wastewater Systems Only: Please provide the following and return to the Health Dept.

- 1. Complete permit application form (Enclosed with Site Diagram)**
- 2. Permit fee of \$75.00 Payable to Harper County Environmental Services (HCES).**
- 3. Soil information (Soil Profile by Contractor) in order to process the application.**

Water Well Applicants: Please provide the following and return to the Health Dept.

- 1. Complete permit application form (Enclosed with Site Diagram)**
- 2. Permit fee of \$75.00 Payable to the Harper County Environmental Services (HCES)**
- 3. Well Plugging free of charge but must file with the state.**

Combined Wastewater System/Water Well applicants: Please provide the following and return to the Health Dept.

- 1. Complete permit application forms (Enclosed with Site Diagram)**
- 2. Permit fee of \$150.00 Payable to Harper County Environmental Services (HCES)**
- 3. Soil information (Soil Profile by Contractor) in order to process the application.**

Note:

Harper County Environmental Services are being provided by the Harper County Appraiser Office effective September 1, 2016. Initial contact may be made with the Harper County Appraiser Office (842-3718) or the Harper County Health Department to obtain application for permit. Applications are also on-line at www.harpercountyks.gov. **Permit application and permit fee must be returned to Harper County Health Department to record payment for Harper County Environmental Services (HCES), prior to completion of inspection by the Harper County Appraiser Office.**

Allow 10 Business days from the date the application and fees are received with all the information provided to process the permit and receive a recommendation and approval to construct.

Please call to discuss system with the Appraiser Office (620-842-3718), if you or your contractor should have any questions, or need to clear up problems with the site before putting additional time and money into the project.

Water Well and/or Onsite Wastewater System Permit Application

Name: _____ Address: _____

Phone: () _____ - _____ City: _____ Zip: _____

Legal : _____ 1/4 _____ 1/4 _____ Sec, _____ Twp, _____ Range, _____ County _____ Acres

Wastewater System

_____ Construct new / Add on

_____ Repair / replace ☐ Cost Share

Water Well

_____ Construct new _____ Plugging (free of charge)

_____ Repair / replace ☐ Cost Share

Use: ☐ Residence ☐ Rental ☐ Daycare ☐ Business ☐ Commercial ☐ Other _____

Sizing: _____ # of Bedrooms _____ # of Bathrooms _____ # of Residents

Water source: ☐ Water well ☐ Rural water ☐ City water ☐ Other _____ ☐ Unknown

Waste water: ☐ Chambers ☐ Rock & pipe ☐ Lagoon ☐ Surface discharge ☐ Unknown

Does all household water enter system? ☐ Yes ☐ No = _____ Dishwasher _____ Laundry

Tank: ☐ 500 gal ☐ 1000 gal ☐ 1250 gal ☐ 1500 gal ☐ Unknown

Construction: ☐ Concrete ☐ Poly ☐ Steel ☐ Unknown

Age: ☐ 1-10 yrs ☐ 10-25 yrs ☐ 26+ yrs ☐ Unknown

Last pumped: ☐ 0-3 yrs ☐ 4-10 yrs ☐ 11-25 yrs ☐ 26-50 yrs ☐ Never ☐ Unknown

Appliances ☐ Dishwasher ☐ Softener ☐ Disposal ☐ Sump pump ☐ R.O. Unit

Public Service connections closer than 400 ft: ☐ Sewer ☐ Water ☐ None

Surface water closer than 200 ft: ☐ No ☐ Lake ☐ Stream ☐ Pond ☐ Seasonal drainage

Rock closer than 6 ft down: ☐ Yes ☐ No ☐ Unknown

Water closer than 4 ft down: ☐ Yes ☐ No ☐ Unknown

Water wells present: ☐ None ☐ One ☐ Two ☐ Unknown

Proposed Contractor: _____

1. Contact the inspector 620-842-3718 to schedule a final inspection before covering the system and/or placing in service.
2. Construction cannot begin without prior approval, per county and state sanitary codes.
3. The applicant is required to maintain this system in accordance with county and state sanitation codes.
4. It is the applicant's responsibility to notify all area utilities prior to breaking ground: **1-800-DIG-SAFE.**
5. The Operation Permit does not guarantee written or implied proper function of system for any time in the future.
Natural conditions and use vary on system performance and longevity.

Permission is granted onto property for the purpose of inspection.

Signature: _____ **Date** ____ / ____ / ____

Office use: Single permit amount due \$ <u>75.00</u>	Paid \$ _____	Check# _____	Permit # _____
Combined permit amount due \$ <u>150.00</u>	Paid \$ _____	Check# _____	Permit # _____

PROPOSED SITE DIAGRAM (Draft NOT TO SCALE)

LOCATE IN FEET Existing and Proposed

-N-

Property Lines
Houses
Out buildings
Structures
Surface water
Drainage Areas
Water Wells
Fuel Storage
Feed Lots
Utilities
Easements
Ground Slope

FOR OFFICE USE ONLY

HP COUNTY MINIMUM STANDARDS AND RECOMMENDATIONS

LOADING RATE ESTABLISHED BY:

___ SOIL PROFILE
___ SCS SOIL SURVEY

EASEMENTS NEEDED: ___ YES ___ PENDING
VARIANCE NEEDED: ___ YES ___ PENDING
MAINTENANCE AGREEMENT: ___ YES ___ PENDING

Soil Class _____
Loading Rate: _____
Absorption Area: _____sq. ft.

___ 4-2 Approved Septic tank _____ Gal.
___ New ___ Existing if Pumped and Cert.
___ Aerobic Treatment Unit
___ Septic Filter ___ Riser / Approved Lid

EFFLUENT DISPOSAL SYSTEM:

___ Chambers _____ Units
___ Rock and pipe laterals
___ Pressure dosing ___ Drip ___ Ft.
___ Lagoon M: _____
___ Other

___ D-Box ___ Manifold ___ Splitter valve
___ Cleanouts Every 100 ft.
___ Lift station and pump ___ Pending
___ Liner: ___ Native Compacted if 50% Clay
___ lbs/sq.ft of Bentonite

WATER WELL:

___ Proposed Location approved to construct
___ Old well properly abandoned and plugged
___ WWC-5 and Plugging log copies filed

Comments: Call to schedule a inspection before work is started.

☐ Maintain all state and county code requirements as per **County Sanitation Code** and KDHE
Bulletin 4-2, Wastewater and /or **Article 30** Water Well Construction Standards.

☐ Refer to attached sheets for additional requirements to this approval

Permit valid for 24 months past approval date.

Approved by: _____

Date: ____/____/____

County Horizontal Separation Distances

Per Harper County Sanitation Code and KDHE Bulletin 4-2, March 1997

Water Well To :

Septic Tanks Not 4-2 Approved	100 Feet
Sewer Lines Not Watertight	100 Feet
Absorption Fields	100 Feet
Pit Privies	100 Feet
Animal Pens or Manure Piles	100 Feet
Public Water Supply Wells	100 Feet
Water Tight Sewer Lines	50 Feet
Fertilizer, Fuel, Pesticides, other Chemical Storage	50 Feet
Surface Water, Streams, Lakes, and Drainage areas	50 Feet
Potential Pollution Sources or Contamination or as Determined by Sanitarian	50 Feet
Property Lines	25 Feet

Waste Water Systems:

Public Sewage System Connection	400 Feet
Property Lines	50 Feet
Surface Water or Drainage Area	50 Feet
Septic Tank to Building Foundation	10 Feet
Soil Absorption Area to Building Foundation	20 Feet

Wastewater Lagoons:

Water Wells	100 Feet
Property Lines	50 Feet
Dwelling Foundation	50 Feet

Lot Size Requirements: (excluding buildings and structures)

Soil Absorption System	1 Acre
Water Wells	1 Acre
Wastewater Lagoon	3 Acres

Note: Local Zoning Regulations May Require Greater Separation Distances or Lot Sizes.
When lot dimension, topography, or soil condition makes maintaining the separation distances unfeasible a filed variance, agreement or easement may be required per request.

SOIL

PROFILE

WORKSHEET

DATE ___/___/___ APPLICANT_____ ADDRESS_____

LEGALS: _____ 1/4, _____ 1/4, _____ S, _____ T, _____ R, _____ COUNTY.

SOIL SURVEY MAP#_____ SOIL NAME_____ SOIL CLASS_____

LAND USE_____ VEGETAION_____ PERMEABILITY_____ In/hr

	Moderate	Platy, Blocky, Granular, Mass			Silt-Silt loam, Silty clay loam		
	Weak, Strong	Angular, Subangular		None	None	Gravel, Sand, Sandy Loam	
0-12, 12-24	Yellow	Gritty, Smooth	Prismatic, Columnar		Many	Many	Clay, Sandy Clay, Clay Loam
24-36, 36-48	Brown, Grey	Sticky	Fine, Med, Coarse	Moist, Dry, Wet	Few	Few	Fractured Rock, Solid Rock
	Red, Black						

DEPTH IN.	COLOR	STRUCTURE /FEEL	GRADE /SIZE	MOISTURE	REDOX	ROOTS	TEXTURE
					MOTTLE		

MOST LIMITING CONDITION: WATER ROCK CLAY GRAVEL

LOADING RATE (gpd/ft2) per bulletin 4-2: 1.1 0.9 0.6 0.4 .025

POSSIBLE SYSTEM: INGROUND LAGOON AT-GRADE DRIP OTHER

COMPLETED BY: _____

